

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-616)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
1						
2						
3						
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48						
49						
60						
TOTAL	2					
TOTAL	5					
TOTAL						

	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
61						
62						
63						
64						
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TOTAL						
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TOTAL						

Vonda M. Wallace
Paralegal Specialist

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	09/462437					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		0					55						
6		0					56						
7	1						57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL CLAIMS	7						TOTAL CLAIMS						